



**STATE OF NEW JERSEY**  
**Renewal Application for a**  
**Retired Law Enforcement Officer**



**Part 1 PRINT OR TYPE ALL INFORMATION —PART 1 ONLY**

(1) Last Name			First		Middle		(2) Residence Address			Street		City		State		Zip Code			
(3) Date of Birth			(4) Age		(5) Place of Birth			City		State		(6) Municipal Code No.		(7) Social Security Number					
(8) Sex		Height		Weight		Hair		Eyes		Race		(9) Date Firearms Qualification		(10) Home Phone Number		(11) SBI Number			
(12) Former Law Enforcement Employer						(13) Address of Former Employer						(14) Fmr. Emplr.'s Phone No.							
(15) Have you ever been convicted of any domestic violence offense in any jurisdiction which involved the elements of (1) striking, kicking, shoving, or (2) purposely or attempting to or knowingly or recklessly causing bodily injury, or (3) negligently causing bodily injury to another with a deadly weapon? If Yes, explain.															<input type="checkbox"/> Yes <input type="checkbox"/> No				
(16) Have you ever been convicted of a crime that has not been expunged or sealed?				<input type="checkbox"/> Yes <input type="checkbox"/> No		(17) Have you ever been confined to a mental institution or hospital for treatment or observation of a mental or psychiatric condition on a temporary, interim, or permanent basis? If Yes, give the name and location of the institution or hospital and the date(s) of such confinement or commitment.										<input type="checkbox"/> Yes <input type="checkbox"/> No			
(18) Are you an Alcoholic?				<input type="checkbox"/> Yes <input type="checkbox"/> No		(19) Have you ever been attended, treated or observed by any doctor or psychiatrist or at any hospital or mental institution on an inpatient or outpatient basis for any mental or psychiatric condition? If Yes, give the name and location of the doctor, psychiatrist, hospital or institution and the date(s) of such occurrence.										<input type="checkbox"/> Yes <input type="checkbox"/> No			
(20) Were you ever dependent upon the use of narcotic or other controlled dangerous substance?				<input type="checkbox"/> Yes <input type="checkbox"/> No		(22) Signature of Applicant										The disclosure of my Social Security number is voluntary. Without this number, the processing of my application may be delayed. This number is used for document tracking purposes only and is considered confidential.		(23) Date of Application	
(21) Are you subject to any court order issued pursuant to Domestic Violence?				<input type="checkbox"/> Yes <input type="checkbox"/> No															

**Part 2 STATE POLICE USE ONLY - DO NOT WRITE BELOW THIS LINE - STATE POLICE USE ONLY**

☐ Approved

☐ Disapproved Specify \_\_\_\_\_

Permit No. \_\_\_\_\_

Date Permit Issued: \_\_\_\_\_ Date Permit Expires: \_\_\_\_\_

Date Documents Forwarded: \_\_\_\_\_

To Applicant \_\_\_\_\_

To Police Department \_\_\_\_\_

\_\_\_\_\_  
Signature of Superintendent of State Police  
(Affix Seal Here)